## PART B - FEE(S) TRANSMITTAL

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22850 7590 09/07/2005 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. CUSTOMER NUMBER 22850 (Depositor's name (Signature) (Date CONFIRMATION NO. FIRST NAMED INVENTOR ATTORNEY DOCKET NO. APPLICATION NO FILING DATE 09/04/2001 213502US0 1164 09/944 079 Atsushi Suzuki TITLE OF INVENTION: AGENT FOR PREVENTING, IMPROVING OR TREATING HYPERTENSION 10/19/2005 MBEYENE2 00000048 09944079 01 FG<del>:1501</del> 02 FG:1504 APPLN. TYPE **ISSUE FEE PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE SMALL BOTTOTY OF N39.00 OF \$1700 12/07/2005 03 FC:8001nonprovisional \$300 \$1400 ART UNIT CLASS-SUBCLASS **EXAMINER** COE, SUSAN D 1655 424-725000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list OBLON, SPIVAK, (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. McCLELLAND, MAIER (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Tree Address" indication (or "Fee Address" Indication form & NEUSTADT, P.C. PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE KAO CORPORATION Tokyo, JAPAN Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Issue Fee A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. Dublication Fee (No small entity discount permitted) The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 15-0030 (enclose an extra copy of this form). Advance Order - # of Copies \_ -10-5. Change in Entity Status (from status indicated above) ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

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Authorized Signature Typed or printed name Joseph Scafetta, Jr. Registration No.

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